



## FREEDOM OF INFORMATION APPLICATION

Please note that there is a service fee of **\$0.25** per printed page. [See Public Officers Law, § 87(1)(b)(iii)]

Date of Request: \_\_\_\_\_

Name of Person Making Request \_\_\_\_\_

**PLEASE PRINT LEGIBLY**

Address of Person Making Request:

Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Description of Information Sought ( be specific ) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Person Making Request

### MAIL OR FAX WITH ORIGINAL SIGNATURE TO:

Office of the City Clerk  
Records Access  
Memorial City Hall  
24 South St. Suite 116  
Auburn NY 13021

Phone: 315-255-4101  
Fax: 315-255-4181  
Email: [dmccormick@auburnny.gov](mailto:dmccormick@auburnny.gov)

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**For office use only**

Approval By: \_\_\_\_\_

(Initial)

Date: \_\_\_\_\_